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TRANSMITTAL FORM	Application Number 10/716,748  Filing Date 11/19/2003  First Named Inventor Palcawich  Art Unit 2877  Examiner Name		
(to be used for all correspondence after initial	Ring) Nauyen		
Total Number of Pages in This Submission	Attorney Docket Number ARL 63-09		
ENCLOSURES (Check all that apply)			
Fee Transmittal Form	Drawing(s)  After Allowance Communication to TC  Appeal Communication to Board		
Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abendonment Request  Information Disclosure Statement  Certifled Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Altorney, Revucation Change of Correspondence Address Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Landscape Table on CD  CAppeal Sand Interforances  Appeal Communication to TC ((Appeal Notice, Brief, Repty Brief))  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):		
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Effective on 12/08/2004. Foos pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known		
FEE TRANSMITTAL	Application Number 10/716.748		
<b>-</b>	Filing Dete 11/19/2003		
For FY 2006	First Named Inventor POLCOWICH		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name Nauven		
	Art Unit 2817 Attorney Docket No. ARI 03-09		
TOTAL AMOUNT OF PAYMENT (\$)   220	Attorney Docket No. ARL 03-09		
METHOD OF PAYMENT (check all that apply)			
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FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEA	RCH FEES EXAMINATION FEES		
Small Entity	Small Entity Small Entity Social (\$)		
Application Type Fee (\$) Fee (\$)	al Legisi castal		
Utility 300 150 500			
Design 200 100 100			
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2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)			
Each claim over 20 (including Reissues) 50 25			
Each independent claim over 3 (including Reissues)	200 100 360 180		
Multiple dependent claims  Total Claims Extra Claims Fee (\$) F	se Paid (\$) Multiple Dependent Claims		
- 20 or HP = X =	Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.	Do Pold (5)		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50			
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee [3]   Fee Paid [3]			
4. OTHER FEE(S)  Non-English Specification, \$130 fcc (no small entity discount)			
Other (c.g., late filing surcharge): 1,17(a)(3) #1020			
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